

Assertive Community Treatment

ISSUE 11 SUMMER 2016

MO ACT NEWSLETTER

Hello from DMH

Burrell Behavioral Health:

Columbia TAY Team
Springfield Adult Team
Springfield TAY Team

Compass Health:

Nevada Adult Team
Raymore TAY Team

Family Guidance Center - St. Joseph

Ozark Center - Joplin:

Adult Team

Places for People

- St. Louis:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

St. Patrick Center

- St. Louis

Ozark Center—Joplin TAY

Hopewell—St. Louis TAY

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When you're told for the first time that you have a diagnosis of a mental health problem, it's hard to understand what all of it means. What does being diagnosed with schizophrenia mean? Will I get better? What does treatment look



like? Is there a cure or is mental illness a life-long battle? Does this mean I'm "crazy"?

This process is made even more difficult by the way mental illness is often portrayed in the media, viewed by society, and subsequently how people with mental illness are treated in their everyday life. In the mental health community a history of discrimination and disempowerment led many to seek a way for individuals to reclaim their identity and their role in their own therapeutic process. Placing the person at the center and above all other aspects of the treatment process is the foundation of The Recovery Model.

The use of language is critical to ensuring a recovery-oriented and person-centered approach. It is important that people are seen first as people and not seen as their illness. People are not Schizophrenic, Bipolar, or Borderline. People are not cases or illnesses to be managed. Outside of just being insensitive, the following is an example of the

harm in taking an illness-centered approach. When people are seen only as Schizophrenic, it often becomes too easy to focus on just reducing symptoms of psychosis. The problem is that there is so much more to getting better than just getting rid of the bad voices or other symptoms. Recovery involves increasing a person's ability to make the changes they want in their life - the power to get better, to identify their goals, to develop the ability to accomplish their goals, and provide the supports needed to attain their goals. It means focusing on the person's strengths and the choices they want for their lives - not just their symptoms.

It is important to assess the way we use language and how the use of language reinforces negative biases or promotes empowerment and strengths. It is helpful to remember that people often identify by roles where they find meaning. Strengths-based roles help us to feel better and promote recovery: "I am a father, a sister, an electrician, a friend." Negative language reinforces discrimination and isolation in society. ~ taken from Mental Health America

To be added to the distribution list for this newsletter, please click to contact lori.norval@dmh.mo.gov requesting the addition of your email address.

MISSOURI DEPARTMENT OF

**MENTAL
HEALTH**

Even a happy life cannot be without a measure of darkness, and the word happy would lose its meaning if it were not balanced by sadness. It is far better to take things as they come along with patience and equanimity.

~Carl Jung

WELCOME NEW FACES AND TEAMS!

We want to welcome those individuals that have recently joined our ACT teams!

Ozark Center TAY team:

Lynne Corl – RN

Whitney Hartman – Vocational Specialist

Places for People FACT:

Ashley Brommelhorst – Program Assistant

Nick Portages – Therapist

Kelly Crismon – Substance Use Specialist

Places for People Home Team:

Daren Jones – Substance Use Specialist

Steven Spratt – Peer Specialist

Places for People Impact Team:

Haja Fofana – Mental Health Specialist

Hopewell TAY team:

Charise Baker – Team Leader

Marion Cody – Peer Specialist

Tymesha Buckner-Dobyns – Therapist

– Employment Specialist

Jill Friend – Program Assistant

Tianis Hill – CSS

Linda Bridges – RN

Angela Coleman Gladney – Substance Use Specialist

Dr. Mirela Marcu – Psychiatrist

St. Patrick Center team:

Adrienne Casey – Mental Health Specialist

Burrell Adult team:

Amber Adams – CSS

Compass Health TAY team:

Danny Huffman – Peer Specialist



ACT Tips & Tools of the Trade

ACT clients come into services with a number of high needs that have been identified during the screening. It can seem difficult for the team to begin gathering assessment information and start the treatment planning process amid the demands of addressing pressing needs of the client. However, teams must collect enough comprehensive data to begin solid planning of service provision that will ensure clients receive the best evidence-

based practices the team can offer. Therefore teams must be diligent yet creative in conducting assessment. Some information can be gleaned from client treatment records while other information can be obtained during visits where immediate needs are being addressed. Either way, the assessment process should not overtake providing crisis intervention, psychiatric rehabilitation or addressing immediate needs of the client.

ACT assessments are ongoing, so that any additional information gathered by the team may be added to the assessment at any time. This keeps it up-to-date and will also inform the treatment planning as goals are achieved, amended and added. The process should flow in a timely way, yet not overwhelm the team or the client and become an activity prompting a client to drop out of the team.

Missouri ACT is on the web!

<http://dmh.mo.gov/mentalillness/provider/act.html>



TEAM MEMBER SPOTLIGHT



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<http://dmh.mo.gov/men-talillness/transitio nageyouth.html>



Follow PACTwise team solutions' blog for interesting articles written by fellow ACT staff with over 30 year's experience in the field at: <https://pactwiseblog.com/>

Name: Margaret (Marggie) Goodman

Team: ACT – Family Guidance Center, Saint Joseph, Missouri

Position: Peer Support Specialist

How long have you been on the team? Ten months

What is your favorite food? Avocado

What is your favorite part about being on an ACT team? I really appreciate the “team” approach in the ACT model. We all have our own specialties and we are able to focus each intervention with the consumers by gaging which team member fits the individual's needs at the time. Our team is great, we are like a family. We look out for each other as much as we see to the diverse needs of the consumers. Our consumers always come first even when obstacles present themselves. Being a part of the ACT team is honestly a remarkable experience.

What is something you would like to share with other teams? I really put myself “out there” with my consumers. I am not afraid to admit my faults and failures which helps me assist the consumers in learning the struggles we share as peers. My team allows me to function in my role as a peer with the consumers and I know other teams struggle with utilizing a peer support specialist as a “fill in” case manager. This really is not in the best interest of the consumer because as soon as we appear “clinical” or even “too professionally oriented” we stop being their equal. We ARE their equal and the role of peer support specialist allows us to function as such when we use our learned life experiences to assist the consumers in making progress in their own lives.



TMACT Corner

Consumer Self-Determination & Independence (PP4)

An important aspect to client independence is the ability of the team to administer solid psychiatric rehabilitation interventions. The team must recognize the varying needs and functioning levels of consumers; level of oversight and care is commensurate with the need in light of the goal of enhancing self-determination. If the team strives to help consumers learn how to manage their lives by teaching them necessary life skills, thereby limiting the need for the team to supervise various areas of consumers' lives, a full credit score would be given, provided that level of psychiatric rehabilitation is clearly demonstrated by the team.

You can receive ACT specific technical assistance from DMH. Contact Lori Norval, Lori Franklin, Kelly Orr or Susan Blume. They are happy to assist!

Lori.Norval@dmh.mo.gov

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Susan.Blume@dmh.mo.gov

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Save the date!**August 21-23,
2016****Real Voices, Real
Choices Confer-
ence****Tan-Tar-A Resort
and Conference
Center****For questions
email con-
sumerconference
@dmh.mo.gov****Or check the web-
site at****<http://dmh.mo.gov/constituentservices/consumerconference.html>**

RESOURCES

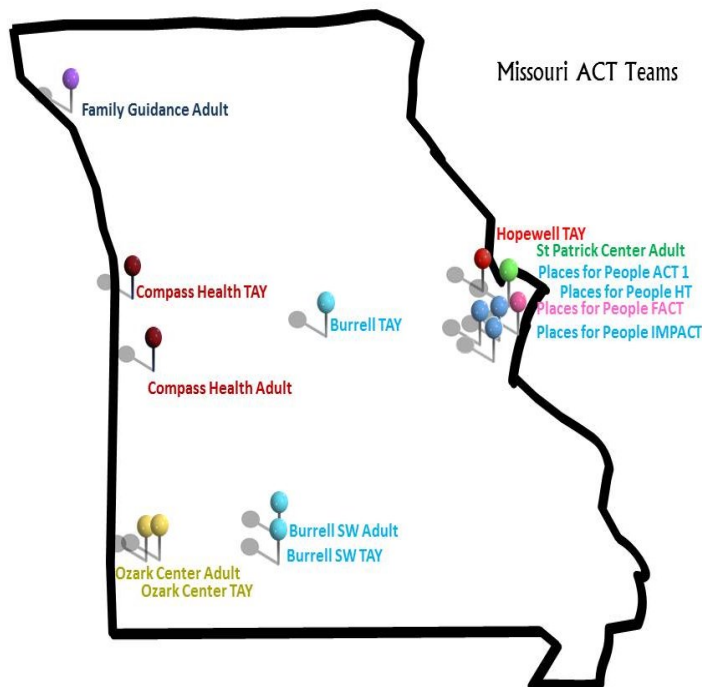
**Center for Evidence-Based Prac-
tices at Case Western Reserve
University**<http://www.centerforebp.case.edu/>**Individual Resiliency Training
(IRT)**<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>**Copeland Center for Wellness
and Recovery**<http://copelandcenter.com/wellness-recovery-action-plan-wrap>**Dartmouth Supported Employ-
ment Center**<http://www.dartmouthips.org/>**Missouri Peer Specialist**<http://www.peerspecialist.org/peerspecialist1.0/default.aspx>**SSI/SSDI Outreach, Access and
Recovery (SOAR)**<http://soarworks.prainc.com/>**Missouri Recovery Network**www.morecovery.org**DMH Contact Information:**

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To access the free and downloadable **Supported Housing Toolkit** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[CLICK HERE](#)

Take the free **SOAR online training course** by visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>



It is no secret that opioid overdose is at epidemic proportions in America. Statistics indicate that not only 19,000 people died in 2014 of prescription opioid overdose but 52 people per day are killed by overdose. This fatal drug crisis is the biggest in U.S. history. Some states have begun to address this problem and begin fighting the epidemic. Other states have much more to do in preven-

tion of not only opioid addiction and abuse but also in reducing the transition to Heroin use, Fentanyl abuse, and abuses of many other prescription opioids. Where does Missouri stand in this report card and what can be done to reduce this crisis? Read more at

<http://www.nsc.org/RxDrugOverdoseDocuments/Prescription-Nation-2016-American-Drug-Epidemic.pdf>

Learn the truth about this deadly situation facing our nation and the indicators needed to address it.

States were evaluated on each of these indicators which are critical to effectively and comprehensively fighting this growing epidemic.

This report provides a roadmap for strengthening laws and regulations. NSC is prepared to assist states with implementation of these evidence-based strategies which can save thousands of lives every year.

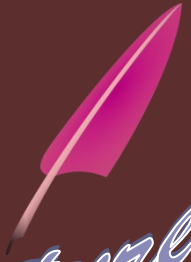
A ROADMAP FOR STRENGTHENING LAWS & REGULATIONS



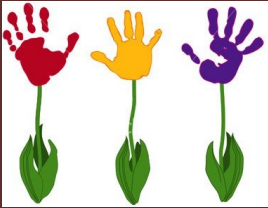
FAILING			LAGGING BEHIND		MAKING PROGRESS	
MEET ZERO INDICATORS	MEETS 1 INDICATOR	MEETS 2 INDICATORS	MEETS 3 INDICATORS	MEETS 4 INDICATORS	MEETS 5 INDICATORS	MEETS 6 INDICATORS
THREE HAVE MET ZERO INDICATORS. Michigan Missouri Nebraska	Alaska District of Columbia Hawaii Idaho Kansas Montana Wyoming	Arizona Connecticut Florida Georgia Illinois Iowa Maine Maryland Mississippi Nevada New Jersey New York North Dakota Oklahoma Oregon South Carolina South Dakota Virginia	Arkansas Colorado Delaware Louisiana Massachusetts Minnesota Pennsylvania Texas Utah Washington	Alabama California Indiana New Hampshire North Carolina Ohio Rhode Island West Virginia Wisconsin	Kentucky New Mexico Tennessee Vermont	ZERO HAVE MET ALL 6 INDICATORS. NO STATES



Arts & Literature



Expression



Creativity

Thank U

Starting off I have to say doing PE Therapy or “Prolonged Exposure Therapy” was one of the hardest things I’ve ever done! But, also one of the best things, it changed my life & brought out a better me. I could keep my head up and tell my story w/out breaking down. My anxiety levels were down. I had finally completed PE Therapy! Through it all, I learned, I was not to blame. I wasn't broken, that I would no longer let my past control my life. That I can be happy. I have a voice, to stand up for myself.

Pamela Berry

Joplin ACT adult team

(condensed)

**RESERVED FOR
YOUR SPECIAL
CLIENT ART**